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RICHARD H. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Chadwick ARDY Plaintiff,

vs.

San Diego Police Dpt Defendant.

CV 07

5960

CASE NO.

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

RMW

(PR)

I, Chadwick ARDY, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or Yes \_\_\_\_ No X  
 10 self employment

11 b. Income from stocks, bonds, Yes \_\_\_\_ No X  
 12 or royalties?

13 c. Rent payments? Yes \_\_\_\_ No X

14 d. Pensions, annuities, or Yes \_\_\_\_ No X  
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes \_\_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_\_ No X

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

1           b.     List the persons other than your spouse who are dependent upon you for  
 2                 support and indicate how much you contribute toward their support. (NOTE:  
 3                 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4                 THEIR NAMES.).  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7     5.     Do you own or are you buying a home?                 Yes \_\_\_\_ No X

8     Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9     6.     Do you own an automobile?                                 Yes \_\_\_\_ No X

10    Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11    Is it financed? Yes \_\_\_\_ No X If so, Total due: \$ \_\_\_\_\_

12    Monthly Payment: \$ \_\_\_\_\_

13    7.     Do you have a bank account? Yes \_\_\_\_ No X (Do not include account numbers.)

14    Name(s) and address(es) of bank: \_\_\_\_\_  
 15 \_\_\_\_\_

16    Present balance(s): \$ \_\_\_\_\_

17    Do you own any cash? Yes \_\_\_\_ No X Amount: \$ \_\_\_\_\_

18    Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19    market value.) Yes \_\_\_\_ No X  
 20 \_\_\_\_\_

21    8.     What are your monthly expenses?

22    Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

23    Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24    Charge Accounts:

25 <u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26    _____	\$ _____	\$ _____
27    _____	\$ _____	\$ _____
28    _____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)  
3 \_\_\_\_\_  
4 \_\_\_\_\_

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_ No X  
7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.  
9 \_\_\_\_\_  
10 \_\_\_\_\_

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.  
15

16 12/4/07

17 DATE

Chadwick ARDY. D.

SIGNATURE OF APPLICANT

Case Number: 5960

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Chadwick ARDY for the last six months

CMC <sup>[prisoner name]</sup>  
<sup>[name of institution]</sup> where (s)he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ \_\_\_\_\_ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ \_\_\_\_\_.

Dated: 12/9/07

\_\_\_\_\_  
[Authorized officer of the institution]

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 CALIFORNIA MENS COLONY  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 05, 2007 THRU DEC. 03, 2007

ACCOUNT NUMBER : 113047 BED/CELL NUMBER: EFDQB7F300007311X  
 ACCOUNT NAME : CHADWICK, ARDY ACCOUNT TYPE: I  
 PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
11/05/2007		BEGINNING BALANCE					0.00
12/03*VD54		INMATE PAYROL 2365/08			5.41		5.41
12/03*VD54		INMATE PAYROL 2365/08			3.89		9.30

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
09/24/2007	H114	COPAY FEE, MED.	R1360	5.00

\* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 04/06/01 CASE NUMBER: SC0157651  
 COUNTY CODE: SD FINE AMOUNT: \$ 400.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/05/2007		BEGINNING BALANCE		400.00
12/03/07	VRS4	RESTITUTION DEDUCTION-SUPPORT	6.01-	393.99
12/03/07	VRS4	RESTITUTION DEDUCTION-SUPPORT	4.32-	389.67

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
 \* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	9.30	0.00	9.30	5.00	0.00
					CURRENT AVAILABLE BALANCE
					4.30

ORIGINAL  
FILED

NOV 27 2007

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

E-filing

Dear Sir or Madam:

CV 07

5960

Your complaint has been filed as civil case number

✓ A filing fee of \$350.00 is now due. If you are unable to pay the entire filing fee at this time, you must sign and complete this court's Prisoner's In Forma Pauperis Application in its entirety. If the application is granted, you will not have to prepay the fee, but it will be taken out of income to your prisoner account in installments.

Your complaint is deficient because you did not pay the filing fee and:

1. ☐ you did not file an In Forma Pauperis Application.
2. ✓ the In Forma Pauperis Application you submitted is insufficient because:

☐ You did not use the correct form. You must submit this court's current Prisoner's In Forma Pauperis Application.

☐ Your In Forma Pauperis Application was not completed in its entirety.

☐ You did not sign your In Forma Pauperis Application.

✓ ☐ You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.

☐ You did not attach a copy of your prisoner trust account statement showing transactions for the last six months.

☐ Other \_\_\_\_\_

Enclosed you will find this court's current Prisoner's In Forma Pauperis Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

**Warning: YOU MUST RESPOND TO THIS NOTICE.** If you do not respond within **THIRTY DAYS** from the filing date stamped above, your action will be **DISMISSED**, the file closed and the entire filing fee will become due immediately. Filing a Prisoner's In Forma Pauperis Application will allow the court to determine whether installment payment of the filing fee should be allowed.

Sincerely,  
RICHARD W. WIEKING, Clerk,

By \_\_\_\_\_  
Deputy Clerk

CHADWICK